

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	7533d	
O.I.P.E. CLASSIFIER		12	1/27
FORMALITY REVIEW		69055	2-14-00
RESPONSE FORMALITY REVIEW		69055	4-18-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	8/15/00
2	1/4/01
3	8/29/01
4	6/24/04
5	✓
6	✓
7	✓
8	✓
9	N
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	✓
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Claim	Date
Final Original	
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52	6/24/04
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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